What is important to you?

- Healthy & safe environment for family (this is threatened by budget cuts)
- Level of accountability to person, to family, to stakeholder
- Competent and caring staff who are fully supervised and trained
  - Structure of payment matching skills of the person
  - It is becoming more difficult to recruit staff
  - Some families now self-pay using Options
- *Staff Retention* (very important)
- Retention and recruitment of competent and caring staff
- Need a career path growth system in place for staff
  - Staff ability is valuable
  - Possible unfunded incentive programs for staff?
- Open communication & partnership with family
- Individuals need to have Choices in their life, exposure & variety = ☺ happiness (and growth, healthy & safety)
- Options…a Menu to choose from
- Value agency and measure outcomes based on population & specialty services provided
- Individualized criteria for $
- Keep people in the community! A concern that less funds = less opportunity
- Employment! Invest more in supportive system, exposure…take the time to do it well.
- Unpaid (or paid) people in someone's life…advocacy, a champion, a supporter…a voice in a system that's set in it's ways
- Measure this…how many people are *alone*?
- The opportunity & resources to look at "one person at a time"
- Respect for what the person loves to do, regardless of if they are paid for it
- Not increasing the back room functions; administrative functions of a pay for performance system
- Family, DD, provider agreement of responsibility. Are we increasing risk? How do we handle bad choices, liability, etc…even with plan A, B & C- bad things can happen? How do you put this into a pay for performance measurement?
- Worried…will there not be enough? Will she be able to maintain her life?
- Can we provide the basics (that is, a safe, secure environment, healthy and happy people, trained and caring staff, good management) in this type of system?
- Happiness & satisfaction of people
- Productive & Meaningful experiences
- Number of providers affects ⇨Access ⇨Options ⇨ Choice ⇨Individualized

- Services/Bed availability, can we handle the capacity of needs?
- People supported are responsible to society…volunteer, reciprocity, give back!
- Medical needs…options other than nursing homes and psychiatric hospitals
- Large groups of people who have experienced education inclusion- connecting with schools & providers, find community based peer partners
- Adjusting outcomes based on resources…will that happen?
  Fewer resources? = Lower expectations?

- Significant concern about any reduction in the number of provider agencies
- Enjoyable employment with a comfortable relationship
  - Not necessarily paid employment – can be volunteer work
- Need to have the "ability to make choices that are not from desperation"

Is it currently in the system & is it delivered well?
- Caring, competent staff
- Training and partnership
- There is presently an overall good level of Choice- worried that reform (such as agency consolidation) will diminish choice
- Employment funding is low
- Lack of unpaid support…too many have no one (especially people who lived at Ladd)
- Measure who, what, how = self confidence; needs to happen more…labor intensive
- "What is successful for you?" – build on interest and strengths, can't do well when trying to do for all at once!
- Working system provides for person's safety, well-being & basics
- Some people never had a choice in provider…"this agency said OK"….capacity is frozen. In some cases need overrides capacity issues. When you do have a choice it's a really hard one, once made you don't want it taken away
  - Mixed opinion about whether there is true choice of agency
    - If there is no, or limited, capacity, then there is no real choice
    - This is identified as a System issue, not a provider issue
- Can't support current medical need
- One parent wrote: While my views may appear to be somewhat contrary to the effort to strive for choices and options, my intent is to temper the idea of a few advocates that the system must direct all consumers to a higher level of achievement. There are many special needs individuals who will react very negatively to demands and expectations that are beyond their capacity. This is exactly the point I am addressing. I think the availability of options is a good idea to be used **with discretion** and, as such, I offer my support. To quote a well-worn cliché, **"One size does not fit all"**, I think we must not lose sight of the fact that there are many individuals who are happily settled into a structured life that gives them some stability and sense of security.

What new and/or better results would you like?

- Housing options
- We are self absorbed in our system…we don't outsource enough
- Incentive program for staff who go above and beyond
- Options menu- currently have limited choices…providers…hours of service needed
  - Sometimes, people have to make a less desirable choice because there are limited options
- Current funding level for supported employment doesn't encourage success- need to increase initial funding and ensure adequate funding for people to have a variety of employment experiences
  - The highest expense is at the beginning of the work
  - The front loaded rate would diminish over time
  - People frequently need a variety of work experiences in order to find a satisfying job – this costs money as people engage in the search for meaningful work
- Champions, supporters, i.e., caring people, in a person's life, need room for flexibility and growth in that relationship….an extra-ordinary big brother or big sister program
- Incentives for increasing capacity of system, creative ideas on how to get it done
- Housing options….community, variety, hospice, supported housing
- There are young people transitioning in who have been educated in inclusion. They and their families expect the inclusion to continue.
  - Can connect the school departments with providers to continue the connection
    - If this is not done, an essential resource will be missed (e.g., unpaid mentors)

What is the best way to assure those results?

- Understanding everyone's (individual) measure of success
- Conversations about risk- room for people to make bad choices (no penalty), agreement (at every level) about who is responsible/accountable)
- Tiers of outcomes, some that are constant, some that are fluid
- Incentives to increase system capacity
- Incentives to bring in outside resources
- Notion of clubhouses for persons with disabilities
- A system in place where "staff" are watched…weekly, etc
- Adequate staff with supervision, growth system, structure for payment
- Unfunded incentive program

- Provider has system of accountability
- Making sure that the criteria we set is individual to the person or agency
- People are frequently in a person's life because of a presence and involvement in the community
    - It is frequently labor intensive, and thus costly, to get persons situated, one person at a time
- Informed choice that leads to self-determination requires the opportunity for exposure to a variety of experience
- The option 'menu' for choice needs to be expanded
- Incentive programs, that are tied to outcomes, must be specific to individual agencies, as some agencies have more compromised persons who will not have good outcomes
    - The criteria have to be applied to individuals, or to individual agencies (as opposed to systemically or to one level for the entire population)
    - Cannot designate measures that will put some agencies at a competitive disadvantage
- Variety, at different levels, in a person's life correlates with happiness, personal growth, etc.
    - There are tiers of needs that are basic and other tiers that are optional

PARKING LOT
(Ideas, concerns, questions that fell outside of this conversation)

- What are we planning to do with this information?
- There is a need to engage in dialogue about shared risk & responsibility (a conversation between all stakeholders)
    - As persons become more independent, there is the increased potential for bad choices
- In a pay-for-performance system how will MHRH measure? Who will MHRH measure (just residential service or all services?)?
- Concern that incentives will be a burden to the providers
    - Need ability to gather, record and analyze the necessary data
    - Will be pressure to achieve the desired results
    - Time required may compromise care
- Regarding outcomes: To what extent does the availability of resources affect outcomes?